

**The Principal's Guide  
to  
Health Enhancement and  
the Montana Standards**

**A Checklist for  
Program Improvement**

*Cooperatively Developed by the  
Office of Public Instruction  
and the  
Montana Association  
for  
Health, Physical Education, Recreation and Dance*

*2000*

# Fall 2000

The time is right! Health Enhancement has been in place now for 10 years. Teachers should know the philosophy and how to develop curriculum based on that philosophy. The Montana Health Enhancement Standards and Benchmarks are newer, having been adopted by the Board of Public Education last October. And, even though the Standards do not have to be fully implemented until the Fall of 2004, much can be done now.

So, what do we mean when we say, “The time is right?” We mean that the state (Board of Public Education and Office of Public Instruction) has provided the needed “infrastructure” through requirements for Montana schools in the Accreditation Standards and the development of the Health Enhancement Content and Performance Standards with Benchmarks at three levels. These agencies are joining with professional associations such as the Montana Association for Health, Physical Education, Recreation and Dance (MAHPERD) to provide professional development on standards-based education issues.

Teachers have the Health Enhancement Standards. They have information on moving from standards to curriculum and aligning curriculum with assessment. They have had information on health enhancement curriculum, student assessment and program evaluation for the past 10 years. Last year, MAHPERD’s annual conference had “Standards” as its theme and this year’s theme is “Assessment.” There is no reason for teachers not to start moving toward teaching to the standards.

So, the time is right! The time is right for building principals to “step up to the plate.” The time is right for you to expect and demand a quality health enhancement program. It is time for you to insist your teachers learn about the standards, start moving toward teaching the standards and assess kids based on the standards. *Teachers will perform to the level they are expected to by their building principal.*

We are providing you with this booklet as a tool to assist you in helping your teachers make their program the most effective that it can be. We hope you will use it to guide your efforts in improving instruction and the Health Enhancement program in your school.

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# HEALTH ENHANCEMENT FOR BUILDING PRINCIPALS

Health Enhancement was developed as part of the Project Excellence effort in the late 1980s. Project Excellence was an effort of the Board of Public Education to enlist the help of Montanans in shaping the educational program for their kids “into the next century.” Model Learner Goals were established for all the curricular areas and schools were required (over a 10-year span) to implement programs based on the Model Learner Goals, as well as develop plans for program evaluation and student assessment.

The Health and Physical Education Committee for Project Excellence struggled with developing two sets of outcomes—one for each of the traditional disciplines of “Health” and “Physical Education.” The committee finally came to the realization that maybe what they ought to do is focus on the needs of kids rather than on the disciplines themselves. When they did this, it was obvious that both disciplines had essentially similar health-related outcomes.

The term “health enhancement” was developed for several reasons:

1. Many Montana schools were essentially ignoring the “health” part of the “Health and Physical Education” requirement of the Accreditation Standards. Health was taught as a “rainy day activity” or “when the band was using the gym” if it was taught at all. The need was obvious here: more emphasis needed to be placed on health.
2. Physical education was being taught and many programs provided a wide variety of activities; however, the purpose for these activities seemed very vague. Students, parents, administrators and even the teachers themselves were not clear about the purpose of Physical Education nor the activities in which students engaged.
3. The Committee wanted to provide a balance between “health” or the classroom portion and “physical education” or the gymnasium portion of the curriculum. It also wanted to provide a focus for the entire program—meeting the health needs of kids.
4. The Committee wanted to assure that a “relationship” existed between “health” and “physical education.” They wanted an integrated program—one that taught knowledge, but also practiced skills. They did not want two unrelated subjects taught: “Now we’re going to do health. Then, we’ll go back to playing basketball.” They felt health knowledge was vital, but also thought the gymnasium provided students with authentic opportunities to develop fitness and skills, to practice sportsmanship and social skills, and to communicate appropriately.
5. The Committee wanted a program that dealt with the physical, emotional, social and intellectual dimensions of health.
6. The Committee wanted a program that would help students develop a sense of both personal and community responsibility. They felt that the ultimate goal of the Health Enhancement program would be the development of students and adults who took responsibility for their own health and well-being (i.e., personal responsibility) and also the health and well-being of their communities (i.e., social responsibility).

## How Did We Start?

The Board of Public Education adopted the recommendations of the various committees of Project Excellence after several public hearings in 1989. The requirements for schools included a 10 year “phase-in” where schools could develop curricula based on the Model Learner Goals. The year after curriculum was developed was to be followed by a plan for program evaluation and a plan for student assessment.

The new requirement for Health Enhancement was “official.” However, teachers didn’t have the discussion that the Project Excellence Committee had. They didn’t understand the rationale, the difference, or the goals. In short, they didn’t know why they were expected to change, but many knew they didn’t like this shift. In fact, many thought the change “would just ruin” physical education or require health educators to teach games and skills.

The ball was now in the Office of Public Instruction’s court. What do we do? How do we start? The Health Enhancement and Safety Division, with cooperation from the Department of Public Health and Human Services and Montana State University, drafted a plan to help teachers meet the new requirements. The approach taken was to address the problem at two levels: first, provide assistance to teachers in the field concerning implementation and second, provide assistance to the Montana units of higher education involved in teacher preparation programs.

For teachers, we immediately developed two documents: *Health Enhancement: Restructuring Health and Physical Education in Montana Schools to a Student-Oriented Focus* and *Health Enhancement Philosophy*. These two documents provided teachers with information concerning how we got to health enhancement and how their programs needed to be modified.

These two documents were followed by the *Montana Model Health Enhancement Curriculum K-6* in 1994 and the *Montana Model Health Enhancement Curriculum 7-12* in 1995. At the same time these were being developed a series of materials were developed for program evaluation: *Montana Assessment for Health Enhancement*, *Montana Health Enhancement...An Expanded Concept*, and *Program Assessment: a Six-Step Process to Curriculum Improvement*. In addition, two documents were produced dealing with student assessment: *Assessment Planning: a process guide with three design options* and *Student Assessment: keys to improving student success*. These materials were distributed to every Montana school.

During the early 1990s, we also worked with higher education units in an attempt to have them model the health enhancement concept in their undergraduate programs, inform their prospective teachers about health enhancement and modify their curricula. We conducted annual meetings with Health and Physical Education Department Chairs, Health Methods Instructors and Physical Education Methods Instructors. Our premise was that it would be better to train prospective teachers in eight locations while they were undergraduates rather than at 1,000 schools all across Montana once they got into the teaching profession. In addition, Montana State University’s Health and Human Development Department moved toward the health enhancement concept by assessing their programs, informing instructors and serving as the authors for the Model Curriculum Guides that were developed.

In the mid 1990s, National Standards were being developed for all the curricular areas. Health and Physical Education were no different. By 1995, we had National Standards for Health Education and National Standards for Physical Education. Since the Project Excellence effort took place in the late 1980s, the question became: “Are the Model Learner Goals developed by Project Excellence as good as the new National Standards?” (Remember, the Model Learner Goals were developed by Montanans for Montanans. They were

based on what mom and dad wanted for their kids. The National Standards for both Health and Physical Education were developed by professionals in the field.) To answer the question, a team did a correlation between the Model Learner Goals and the National Standards and in 1996 published *Health Enhancement: Montana and National Standards*. The correlation showed that Montana's Model Learner Goals correlated very closely with National Standards.

## **Where are we now?**

You are familiar with the development of content and performance standards for all the subject areas through a joint effort of the Board of Public Education and the Office of Public Instruction. This included Health Enhancement. In 1999, the Board adopted the Health Enhancement K-12 Content and Performance Standards. The development of the Standards was based on the National Standards for both Health and Physical Education, as well as the Model Learner Goals established through Project Excellence. The document *Montana Health Enhancement K-12 Content and Performance Standards With Benchmarks at 4<sup>th</sup>, 8<sup>th</sup> and 12<sup>th</sup> Grades* was published and distributed in late 1999. This document can be found at the OPI web page ([www.metnet.state.mt.us](http://www.metnet.state.mt.us)). Once you reach the OPI home page, click on the Health Enhancement and Safety Division and then on "Standards." Included in this document are sections dealing with National Standards, questions and answers concerning implementation and approaches to curriculum development, and assessment aligned with the Standards.

Most recently, the OPI has worked with the Montana Association for Health, Physical Education, Recreation and Dance (MAHPERD) in the development of an assessment booklet, *Student Assessment in Health Enhancement: Standards-Based Assessment*. The MAHPERD is also a contributing author to the document you are reading now.

We have come to the point where the state-level infrastructure has been developed by the Board of Public Education (Accreditation Standards) and the Office of Public Instruction (all the materials mentioned). Responsibility is being taken by teachers through professional development opportunities and materials being developed by professional associations such as MAHPERD. The building principal is a key link between the state and the teachers. Research consistently shows the importance of the building administrator in curriculum implementation. Teachers will either live up to or down to expectations.

Accountability is a term that is used over and over again—by politicians, educators, bureaucrats and parents. We all need to be held accountable for providing the best educational programs possible. As a building principal, you provide the key! Health Enhancement has been here since 1989—it's not new, it's not something unfamiliar, it's not a philosophy to debate about anymore. The debate was in the public hearings held over 10 years ago. Now is the time for the building administrator to help, to encourage and to demand the best possible health enhancement program.

## **What is this booklet all about?**

You are responsible for the programs within your building. Changes have taken place rapidly during the past 10 years. You may be familiar with some changes, while others may be new to you. This booklet is designed to help you assess the quality of your health enhancement programs. It will give you ideas about what to look for in a simple checklist format, it will give you suggestions for what YOU should do to support a quality program, and it will lead you toward a plan for program improvement.

This booklet is designed to be non-grade specific. In other words, it can be used at the elementary, middle and high school levels, and it can be used if your program is taught by a classroom teacher or elementary specialist at the elementary level, or by a “health educator” and a “physical educator” or a “health and physical educator” at the middle or high school levels.

Keep in mind, the intent of this booklet is to help you to help your teachers improve their programs. It is not intended to evaluate teachers, but rather to evaluate programs. We would suggest that you use this in two ways: first, spend some time with your teachers and ask questions about the programs, about health enhancement and their philosophy, and about the Standards; and second, observe their classes and look at how the Standards are implemented and assessed.

This booklet is divided into two sections and an Appendix:

- Section I deals with Health Enhancement Implementation.
- Section II will help you determine program strengths and weaknesses leading to a plan for improvement.

Appendix A: Montana K-12 Health Enhancement Standards and Benchmarks

Appendix B: Montana Health Enhancement Performance Standards

Appendix C: Glossary of Terms for the Montana Health Enhancement Standards

## **Section I: Health Enhancement Program Checklist for the School Principal**

**Directions:** For each area listed below, fill in the blank with a number from 1 to 5. One (1) signifies that it is met at a very low level or not at all; five (5) would mean that it was fully implemented or met; and three (3) would mean it was somewhat implemented or met. You need to be the judge—fair, impartial and not too hard or lenient.

### ***Health Enhancement Concept***

\_\_\_\_\_ Teachers understand the Health Enhancement concept and philosophy.

\_\_\_\_\_ Teachers attempt to teach to health-related outcomes.

\_\_\_\_\_ Teachers try to integrate and coordinate ‘health’ and ‘physical education.’

\_\_\_\_\_ If there are ‘health’ teachers and ‘physical education’ teachers, they work together to develop a “total Health Enhancement” program.

\_\_\_\_\_ The purpose, goals and objectives of the program are understood by the teacher(s) who can clearly articulate them to students and parents.

\_\_\_\_\_ Health Enhancement teachers look to other programs to complement theirs (e.g., Family and Consumer Science, Social Studies, or school breakfast or lunch).

\_\_\_\_\_ Total points for this section.

## ***Health Enhancement Standards***

- \_\_\_\_\_ Teachers are aware of the Montana Health Enhancement Content Standards.
- \_\_\_\_\_ Teachers know the Benchmarks for the grades they teach and are familiar with the terminology.
- \_\_\_\_\_ Teachers have aligned their curriculum to the Standards (activities are designed to help students obtain the knowledge and skills necessary to achieve the Benchmarks and Standards).
- \_\_\_\_\_ Teachers teach the aligned curriculum with fidelity.
- \_\_\_\_\_ Teachers know the difference between Content Standards, Benchmarks and Performance Standards.
- \_\_\_\_\_ Teachers can develop their own Benchmarks for the grades not provided in the Montana Standards.
- \_\_\_\_\_ Total points for this section.

## ***Program Evaluation***

- \_\_\_\_\_ Teachers periodically evaluate their curriculum and are a part of the school's curriculum review process.
- \_\_\_\_\_ Health Enhancement is taught by a qualified educator (Health or Physical Education endorsement or an elementary endorsement with additional training or coursework beyond the BS degree).
- \_\_\_\_\_ The curriculum utilizes a variety of instructional methodologies designed to improve student knowledge and skill.
- \_\_\_\_\_ Health Enhancement teacher(s) is provided professional development opportunities through the school and is encouraged to attend professional association conferences and continuing education programs.
- \_\_\_\_\_ Health Enhancement activities include those that develop an understanding and sensitivity toward various ethnicities, including the American Indian culture.
- \_\_\_\_\_ The Health Enhancement teacher(s) asks students to complete appropriate types and amounts of work outside of school (homework).
- \_\_\_\_\_ Classroom activities foster higher-order thinking skills.
- \_\_\_\_\_ Teachers show no bias or discrimination toward their students, parents or school colleagues and allow no bias or discrimination among students.

\_\_\_\_\_ The program is developmentally appropriate and promotes the physical, emotional, social and intellectual components of health.

\_\_\_\_\_ Total points for this section.

### ***Assessment***

\_\_\_\_\_ Teachers use assessment aligned to the curriculum and Standards.

\_\_\_\_\_ Assessment is used to help students understand their progress toward meeting the Standards.

\_\_\_\_\_ A variety of assessment forms are used.

\_\_\_\_\_ Students understand what they will be assessed on.

\_\_\_\_\_ Parents are informed about student assessment.

\_\_\_\_\_ Student assessment results are used to improve instruction and the curriculum.

\_\_\_\_\_ Total points for this section.

### ***School Administrator***

\_\_\_\_\_ Adequate budget, facility, time and professional development are provided.

\_\_\_\_\_ Technology is available, accessible and encouraged for Health Enhancement.

\_\_\_\_\_ Teacher evaluations are conducted to improve teaching and student performance.

\_\_\_\_\_ Health Enhancement has the same expectations for quality as other content areas.

\_\_\_\_\_ Health Enhancement is held accountable for meeting program and Content Standard expectations.

\_\_\_\_\_ Health Enhancement is seen as a valued and supported part of the total school program.

\_\_\_\_\_ Total points for this section.



## Section II: Program Score Totals

\_\_\_\_\_ Point total for Health Enhancement Concept.

\_\_\_\_\_ Point total for Health Enhancement Standards.

\_\_\_\_\_ Point total for Program Evaluation.

\_\_\_\_\_ Point total for Assessment.

\_\_\_\_\_ Point total for School Administrator.

\_\_\_\_\_ Total Program Points.

Let's look at scoring two ways:

First, consider the overall program...

If the overall score was 150+ points, you have an exemplary program,  
if the overall score was 120-149 points, you have an adequate program that could be improved and,  
if the overall score was less than 120 points, the program is in need of improvement.

Second, look at the total for each individual section...

If the score of any individual section was less than 20 points (30 for the program evaluation section), the teacher(s) should work on this area.\*

What are your program's strengths? Scores of 25 or greater in any section (35 for the program evaluation section) would indicate program strengths.

\*For information on Standards, Benchmarks, terminology, assessment and many other topics mentioned here, a good place for a teacher to start would be determining what information is available to them electronically on the OPI web site. This site can be accessed through: [www.metnet.state.mt.us](http://www.metnet.state.mt.us). The Health Enhancement and Safety Division has a site that has a variety of information concerning the Standards, Youth Risk Behavior Survey data, and a variety of publications. Additional information and practical application are provided at the annual Montana Association for Health, Physical Education, Recreation and Dance Convention held each October during "MEA days."

*Want to dazzle your teachers after they say, “Yeah, all that’s great, but where do I get some help?” Following are electronic resources for teachers beyond ours at [www.metnet.state.mt.us](http://www.metnet.state.mt.us):*

1. [www.aahperd.org](http://www.aahperd.org)
2. [www.geocities.com/Athens/Parthenon](http://www.geocities.com/Athens/Parthenon)
3. [www.palmbeach.k12.fl.us](http://www.palmbeach.k12.fl.us)
4. [www.mcrel.org/resources/plus/games.asp](http://www.mcrel.org/resources/plus/games.asp)
5. <http://teachers.net/lessons/posts/posts.html>
6. [www.awesomelibrary.org](http://www.awesomelibrary.org)
7. <http://falcon.jmu.edu>
8. <http://lessonplanspage.com>
9. <http://www.proteacher.com>
10. [www.curriculum.edu.au](http://www.curriculum.edu.au)
11. [www.eyesoftime.com](http://www.eyesoftime.com)
12. <http://glcn.com/k12>
13. [www.gameskidsplay.net](http://www.gameskidsplay.net)
14. [www.nwoca.org/www/physed.html](http://www.nwoca.org/www/physed.html)
15. [www.healthcentral.com/home/home.cfm](http://www.healthcentral.com/home/home.cfm)
16. [www.cdc.gov](http://www.cdc.gov)
17. [www.health.com](http://www.health.com)
18. [www.ama-assn.org/adolhlth/gapslink/gapslink.htm](http://www.ama-assn.org/adolhlth/gapslink/gapslink.htm)
19. [www.healthanswers.com](http://www.healthanswers.com)
20. <http://odphp.osophs.dhhs.gov/pubs/hp2000>
21. [www.intelihealth.com](http://www.intelihealth.com)
22. <http://pe.central.vt.edu>
23. [www.HEALTHteacher.com](http://www.HEALTHteacher.com)

# **APPENDIX A**

# MONTANA STANDARDS FOR HEALTH ENHANCEMENT

*Health Enhancement combines the disciplines of “health” and “physical education” into a single curriculum with its focus on health-related outcomes. Concepts learned in the classroom are reinforced in the gymnasium and vice versa. Health is essential to a quality of life and leads directly to improved learning. Health enhancement develops the skills and behaviors necessary for students to become healthy, productive citizens who take personal responsibility for their own well-being as well as a social responsibility for the health of their community.*

*Early initiation of healthy behaviors is a predictor of enhanced school performance as well as less risk for morbidity and premature mortality in adulthood. Health enhancement is a critical component of the educational process.*

Content Standards indicate what students should know, understand and be able to do in a specific content area.

Benchmarks define our expectations for students’ knowledge, skills, and abilities along a developmental continuum in each content area. That continuum is focused at three points—the end of grade 4, the end of grade 8 and grade 12.

**Health Content Standard 1—Students have a basic knowledge and understanding of concepts that promote comprehensive health.**

**Health Content Standard 2—Students demonstrate competency in a variety of movement forms.**

**Health Content Standard 3—Students apply movement concepts and principles while learning and developing motor skills.**

**Health Content Standard 4—Students achieve and maintain a challenging level of health-related physical fitness.**

**Health Content Standard 5—Students demonstrate the ability to use critical thinking and decision making to enhance health.**

**Health Content Standard 6—Students demonstrate interpersonal communication skills to enhance health.**

**Health Content Standard 7—Students demonstrate health-enhancing behaviors.**

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## Health Enhancement Content Standard 1

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**Students have a basic knowledge and understanding of concepts that promote comprehensive health.**

### **Rationale**

*Basic to health enhancement is the foundation of knowledge about the relationships of behavior and health, the interactions within the human body that promote health and fitness, and actions to prevent disease and other health problems. Comprehensive application of health-enhancing strategies enables the student to be health literate, self-directed lifelong learners.*

### **Benchmarks**

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
1. describe relationships between personal health behaviors and individual well-being.	1. explain the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.	1. analyze how attitudes and behaviors can impact health maintenance, disease prevention, and injury.
2. describe the basic structure and function of the major human body systems, emphasizing growth and development.	2. explain the function and maintenance of body systems, including the reproductive system.	2. explain the impact of personal health behaviors on the functioning of body systems, including the reproductive system.
3. identify common health problems (e.g., eyes, ears, teeth, skin) that should be detected and treated early.	3. analyze how peers, family, heredity, and environment influence personal health.	3. analyze how the environment, public health policies, government regulations, research, and medical advances influence personal and community health.
4. identify personal health-enhancing strategies that encompass substance abuse, nutrition, exercise, injury/disease prevention, including HIV/AIDS prevention, and stress management.	4. explain personal health-enhancing strategies that encompass substance abuse, nutrition, exercise, sexual activity, injury/disease prevention, including HIV/AIDS prevention, and stress management.	4. develop personal health-enhancing strategies that encompass substance abuse, nutrition, exercise, sexual activities, injury/disease prevention, including HIV/AIDS prevention, and stress management.
5. identify the potential sources of environmental hazards.	5. explain how appropriate health care can prevent premature death and disability.	5. advocate for personal, family, and community health.

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## Health Enhancement Content Standard 2

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**Students demonstrate competency in a variety of movement forms.**

### **Rationale**

*Basic movement skills are the foundation students need in order to lead a more active and productive life. It is the daily application of fundamental motor skills by which skillful movers are developed.*

### **Benchmarks**

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none"><li>1. demonstrate mature form in all locomotor patterns and selected manipulative and non-locomotor skills.</li><li>2. combine movement skills in applied and dynamic settings or lead-up games.</li><li>3. acquire skills including perceptual, motor, and rhythm.</li></ol>	<ol style="list-style-type: none"><li>1. demonstrate a variety of physical skills which encompass lead-up games, rhythms and dance, and individual, dual, and team sports.</li></ol>	<ol style="list-style-type: none"><li>1. demonstrate a variety of physical skills which encompass dance, individual, dual and team sports, and lifetime physical activities.</li></ol>

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## Health Enhancement Content Standard 3

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**Students apply movement concepts and principles while learning and developing motor skills.**

### **Rationale**

*The ability of the learner to use cognitive information is essential in understanding and enhancing motor skill acquisition and performance.*

### **Benchmarks**

Students will:

End of Grade 4	End Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none"><li>1. apply critical elements to improve personal performance in fundamental motor skills and some specialized skills.</li><li>2. recognize and apply movement concepts that impact the quality of performance.</li></ol>	<ol style="list-style-type: none"><li>1. understand and apply movement concepts to game strategies.</li><li>2. identify and refine the critical elements of advanced movement skills.</li><li>3. identify and understand the application of basic rules and strategies in a variety of physical activities.</li></ol>	<ol style="list-style-type: none"><li>1. identify the characteristics of technically correct performance in a variety of movement forms.</li><li>2. apply rules and advanced strategies to a variety of physical activities.</li><li>3. know and understand scientifically based information regarding movement performance.</li></ol>

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## Health Enhancement Content Standard 4

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**Students achieve and maintain a challenging level of health-related physical fitness.**

### **Rationale**

*Physical fitness, developed through regular physical activity is essential in enjoying an active, productive and healthy life.*

### **Benchmarks**

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none"><li>1. participate in a variety of developmentally appropriate fitness activities involving each component of health-related physical fitness.</li><li>2. identify each component of health-related physical fitness.</li><li>3. associate each health-related physical fitness component to the improvement of personal health.</li><li>4. demonstrate individual progress toward each component of health-related physical fitness.</li></ol>	<ol style="list-style-type: none"><li>1. participate in a variety of developmentally appropriate fitness activities involving each component of health-related physical fitness.</li><li>2. understand and apply basic principles of training to improve health-related physical fitness.</li><li>3. identify personal fitness goals.</li><li>4. demonstrate individual progress toward each component of health-related physical fitness.</li></ol>	<ol style="list-style-type: none"><li>1. participate in a variety of fitness activities involving each component of health-related physical fitness.</li><li>2. demonstrate the knowledge, skills, and desire to monitor and adjust levels to meet personal fitness needs.</li><li>3. design a personal fitness program.</li><li>4. demonstrate individual progress toward each component of health-related physical fitness.</li></ol>



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## Health Enhancement Content Standard 5

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**Students demonstrate the ability to use critical thinking and decision making to enhance health.**

### **Rationale**

*Problem-solving processes are lifelong skills needed in order to implement and sustain health-enhancing behaviors. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles.*

### **Benchmarks**

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none"><li>1. identify problem-solving processes specific to health-related issues.</li><li>2. access valid health information and resources.</li><li>3. explain how basic health information and resources are used in setting goals and decision-making.</li><li>4. set personal health goals and record progress toward achievement.</li><li>5. predict results of positive health decisions.</li></ol>	<ol style="list-style-type: none"><li>1. individually and collaboratively apply problem-solving processes to health issues.</li><li>2. analyze how health-related decisions are influenced by the attitudes and values of individuals, families, and the community.</li><li>3. predict how decisions specific to health behavior have consequences for self and others.</li><li>4. describe personal factors that influence an individual's health goals.</li><li>5. explain a personal health plan that addresses needs, strengths, and risks.</li><li>6. identify the validity of health information and how culture, media, and technology influence choices.</li></ol>	<ol style="list-style-type: none"><li>1. utilize various problem-solving strategies when making health decisions related to needs and risks of young adults.</li><li>2. predict immediate and long-term impacts of health decisions on the individual, family and community.</li><li>3. implement a plan for achieving personal health goals.</li><li>4. evaluate progress toward attaining personal health goals.</li><li>5. formulate an effective plan for lifelong health.</li><li>6. locate, evaluate, and utilize credible health information.</li></ol>

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## Health Enhancement Content Standard 6

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### Students demonstrate interpersonal communication skills to enhance health.

#### Rationale

*Self-concept and personal family and community health are enhanced through effective verbal and nonverbal communication.*

#### Benchmarks

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none"><li>1. describe characteristics needed to be a responsible friend and family member.</li><li>2. demonstrate ways to communicate care, consideration, and respect of self and others.</li><li>3. demonstrate healthy ways to express needs, wants, and feelings.</li><li>4. demonstrate refusal skills.</li><li>5. demonstrate active listening skills.</li><li>6. demonstrate nonviolent strategies to resolve conflicts.</li></ol>	<ol style="list-style-type: none"><li>1. describe how the behavior of family and peers affects interpersonal communication.</li><li>2. demonstrate ways to communicate care, consideration, and respect of self and others.</li><li>3. demonstrate healthy ways to express needs, wants, and feelings.</li><li>4. demonstrate refusal and mediation skills to enhance health.</li><li>5. demonstrate strategies to analyze and manage conflict in healthy ways.</li></ol>	<ol style="list-style-type: none"><li>1. demonstrate skills for communicating effectively with family, peers, and others.</li><li>2. demonstrate ways to communicate care, consideration, and respect of self and others.</li><li>3. demonstrate healthy ways to express needs, wants, and feelings.</li><li>4. demonstrate refusal, mediation, and collaboration skills for solving interpersonal conflict without harming self or others.</li><li>5. analyze how interpersonal communication affects relationships.</li><li>6. analyze the possible causes of conflict and demonstrate strategies to manage conflict.</li></ol>

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## Health Enhancement Content Standard 7

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### Students demonstrate health-enhancing behaviors.

#### Rationale

*Many diseases and injuries can be prevented by reducing risk-taking behaviors. In addition, practicing health-enhancing behaviors contributes to a positive quality of life. Students will have a foundation for living a healthy life by accepting responsibility for their personal health.*

#### Benchmarks

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
1. interact with friends and others through participation.	1. enjoy participation in physical activity.	1. regularly participate in health-enhancing physical fitness activities to promote personal well-being on a voluntary basis.
2. use physical activity as a means of self-expression.	2. recognize the social benefits of physical activity.	2. experience enjoyment from physical activity and a healthy lifestyle.
3. experience enjoyment through physical activity.	3. participate in health-enhancing physical activity outside of school.	3. participate in activities that promote community well-being.
4. regularly participate in physical activity.	4. work cooperatively with a group to achieve group goals in both cooperative and competitive settings.	4. initiate independent and responsible health-enhancing personal behavior.
5. demonstrate strategies to improve or maintain personal health.	5. demonstrate strategies to improve or maintain personal and family health.	5. demonstrate strategies to improve or maintain personal, family, and community health.

## **APPENDIX B**

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## Health Enhancement Performance Standards: A Profile of Four Levels

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The Health Enhancement Performance Standards describe students' knowledge, skills, and abilities in the health enhancement content area on a continuum from kindergarten through grade 12. These descriptions provide a picture or profile of student achievement at four performance levels: advanced, proficient, nearing proficiency and novice.

**Advanced:** This level denotes superior performance.

**Proficient:** This level denotes solid academic performance for each benchmark. Students reaching this level have demonstrated competency over challenging subject matter, including subject-matter knowledge, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.

**Nearing Proficiency:** This level denotes that the student has partial mastery or prerequisite knowledge and skills fundamental for proficient work at each benchmark.

**Novice:** This level denotes that the student is beginning to attain the prerequisite knowledge and skills that are fundamental for work at each benchmark.

### **Grade 4 Health Enhancement**

**Advanced:** (1) A fourth-grade student at the advanced level in health enhancement demonstrates superior performance. He/she:

- (a) uses a variety of motor skills and skillful and efficient movement patterns in a variety of applied and dynamic settings;
- (b) knows, understands, describes, and demonstrates health enhancing concepts and behaviors, and how they relate to personal and family health; and
- (c) demonstrates conflict resolution skills, refusal skills, appropriate self-expression, and concern for others.

**Proficient:** (1) A fourth-grade student at the proficient level in health enhancement demonstrates solid academic performance. He/she:

- (a) consistently exhibits fundamental motor skills in a variety of applied settings;
- (b) uses a combination of movement patterns with smooth transitions; and
- (c) identifies, describes, and demonstrates understanding of some concepts of health promotion and how they impact personal and family health.

**Nearing Proficiency:** (1) A fourth-grade student at the nearing proficiency level in health enhancement demonstrates partial mastery of the prerequisite knowledge and skills fundamental for proficiency in health enhancement. He/she:

- (a) demonstrates fundamental motor skills in some applied settings;
- (b) identifies and demonstrates understanding of some relationships between healthy behaviors and disease prevention; and
- (c) exhibits socially acceptable behavior in most settings.

**Novice:** (1) A fourth-grade student at the novice level in health enhancement is beginning to attain the prerequisite knowledge and skills that are fundamental at each benchmark in health enhancement. He/she:

- (a) sometimes demonstrates and combines fundamental motor skills and socially acceptable interpersonal behavior;
- (b) seldom identifies concepts related to a healthy lifestyle and healthy relationships; and
- (c) does not consistently understand health promotion and disease prevention concepts and how they relate to his/her own health.

## **Grade 8 Health Enhancement**

**Advanced:** (1) An eighth-grade student at the advanced level in health enhancement demonstrates superior performance. He/she:

- (a) effectively maintains an appropriate level of skill and health related fitness;
- (b) applies health promotion concepts to access valid health information and products;
- (c) thoroughly evaluates the influences of media and culture on health;
- (d) exhibits effective interpersonal social skills;
- (e) predicts consequences of actions;
- (f) develops a personal plan for health that involves goal-setting and decision-making skills; and
- (g) effectively communicates information and opinions regarding health promotion and personal and social health.

**Proficient:** (1) An eighth-grade student at the proficient level in health enhancement demonstrates solid academic performance. He/she:

- (a) attains an appropriate level of skill related fitness;
- (b) identifies influences of media and culture on health; and
- (c) analyzes concepts of health promotion, including determining the validity of information and products, evaluating the influence of external factors on health, examining the causes of interpersonal conflicts and how goal-setting and decision-making influence health.

**Nearing Proficiency:** (1) An eighth-grade student at the nearing proficiency level in health enhancement demonstrates partial mastery of the prerequisite knowledge and skills fundamental for proficiency in health enhancement. He/she:

- (a) shows some improvement in developing appropriate skill related fitness components and understands their contributions to overall well-being;
- (b) achieves an appropriate level of health-enhancing physical fitness;
- (c) describes fundamental relationships in health promotion and disease prevention; and
- (d) demonstrates basic interpersonal social skills appropriate to the eighth grade level.

**Novice:** (1) An eighth-grade student at the novice level in health enhancement is beginning to attain the prerequisite knowledge and skills that are fundamental at each benchmark in health enhancement. He/she:

- (a) participates in appropriate skill related fitness activities and identifies their contributions to overall well-being;
- (b) works toward health-related physical fitness;
- (c) identifies and describes healthy behaviors and disease prevention concepts;
- (d) often demonstrates understanding of health information; and
- (e) sometimes demonstrates appropriate interpersonal social skills.

## **Upon Graduation Health Enhancement**

**Advanced:** (1) A graduating student at the advanced level in health enhancement demonstrates superior performance. He/she:

- (a) demonstrates high levels of competency in a variety of physical activities;
- (b) demonstrates understanding of scientific principles of physical fitness and the relationships to total well-being, and applies that information in developing personal wellness during different periods of life;
- (c) initiates independent personal and social behaviors and takes both leadership and following roles as situations determine;
- (d) thoroughly analyzes, evaluates, and articulates opinions concerning personal and social health issues;
- (e) effectively utilizes strategies to overcome barriers in social situations; and
- (f) forms a comprehensive plan for healthful living.

**Proficient:** (1) A graduating student at the proficient level in health enhancement demonstrates solid academic performance. He/she:

- (a) participates in some physical activities;
- (b) demonstrates competency in a variety of physical activities;
- (c) demonstrates the knowledge and skills necessary to determine current and future fitness needs;
- (d) initiates independent and responsible personal behavior;
- (e) anticipates potentially dangerous consequences of actions;
- (f) analyzes, evaluates, and forms opinions regarding health information, services, products, and the effects of external influences; and
- (g) uses communications skills effectively in a variety of settings.

**Nearing Proficiency:** (1) A graduating student at the nearing proficiency level in health enhancement demonstrates partial mastery of the prerequisite knowledge and skills fundamental for proficiency in health enhancement. He/she:

- (a) participates in some physical activities;
- (b) demonstrates the fundamental knowledge and skill to achieve a health-enhancing level of fitness;
- (c) displays socially responsible behavior; and
- (d) describes health concepts, health care costs and services, the role of personal responsibility and external influences on a health-enhancing lifestyle.

**Novice:** (1) A graduating student at the novice level in health enhancement is beginning to attain the prerequisite knowledge and skills that are fundamental at each benchmark in health enhancement. He/she:

- (a) participates in some physical activities that contribute to well-being throughout the life span;
- (b) demonstrates the knowledge and skills to adjust activity levels to meet personal fitness needs;
- (c) identifies socially responsible behavior; and
- (d) sometimes, demonstrates understanding of health concepts, health care costs and services, and the role of personal responsibility, decision-making, and external factors on health-enhancing lifestyles.

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## GLOSSARY OF TERMS AS THEY ARE USED IN THIS DOCUMENT

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*Advocate:* ability to express information and opinions in support of something.

*Analyze:* to separate into its parts so as to examine in detail.

*Applied setting:* involves completing skills in a specific setting determined by the instructor such as moving forward while jumping rope, running forward to kick a soccer ball or doing a basketball layup.

*Collaboration skills:* proficiencies necessary to work together in some undertaking in a group setting (e.g., cooperative, supportive, trusting, constructive, friendly).

*Community health:* taking a social responsibility toward the health needs of one's neighborhood, city, country or world.

*Competency:* the ability to perform and apply skills.

*Comprehensive health:* includes the components of drug and alcohol prevention, tobacco use prevention, nutrition, physical activity, human growth, development and family life, environmental health, mental health, disease prevention, consumer health, accident prevention and safety, and personal health.

*Conflict resolution skills:* skills a person can use to resolve a disagreement in a healthful, safe, legal, respectful and nonviolent way, including such things as defining the conflict, taking responsibility for actions, using "I" messages, listening to the needs of others, evaluating solutions, agreeing to a solution and following the agreement.

*Critical elements:* characteristics of mature performance (e.g., running without bumping into others, throwing a ball with the correct leg forward, skipping without falling).

*Critical thinking:* is evaluating the effectiveness, validity, and possible impact of what is read, heard or viewed and exploring distinctions between concrete and abstract, plausible and implausible. With critical thinking, one evaluates the validity of assertions and detects fallacies in reasoning.

*Dance:* to move the body and feet in rhythm, usually to music.

*Decision-making:* using logic to form conclusions and make judgments, usually including (1) assessing the decision to be reached, (2) listing possible options, (3) evaluating options, (4) deciding which option to pursue, and (5) acting on the decision.

*Developmentally appropriate:* takes into account those aspects of teaching and learning that change with the age, experience and ability of the learner.

*Dual sports:* includes games, sports, and other leisure pursuits that require two participants simultaneously such as tennis, badminton and racquetball.

*Dynamic settings:* involves performing skills and skill combinations in complex settings where the environment changes, such as performing manipulative tasks while dodging, performing a gymnastics sequence or a dance to music.

*Environmental hazards:* those risks associated with factors present where you live (e.g., smog, smoke, hazardous/toxic waste, high crime area).

*Family health:* taking a responsibility toward the health needs of one's immediate family.

*Fundamental motor skills:* includes both locomotor skills such as walking, running, hopping, skipping, jumping, leaping and galloping, as well as manipulative skills such as throwing, passing, kicking, dribbling and catching.

*Health enhancement:* a subject area that includes content from the disciplines of both health and physical education which has as its major focus the development of a healthy lifestyle.



*Health-enhancing strategy:* planning and directing an action that will promote one's well-being or that of their community or family.

*Health literate:* the ability of the individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health.

*Health-related physical fitness:* includes the components of (1) cardiovascular endurance, (2) muscular strength and endurance, (3) flexibility, and (4) body composition.

*Human body systems:* a set of things so connected as to form a unity or organic whole. Major body systems include the circulatory, integumentary, muscular, respiratory, skeletal and digestive systems. Other body systems include the nervous, urinary, reproductive, endocrine, pulmonary and lymphatic systems.

*Individual sports:* includes games, sports, and other leisure pursuits pursued by a single individual such as swimming, weight lifting and orienteering.

*Interpersonal behavior:* the way people act and react to each other and includes such behaviors as honesty, flexibility, tolerance, courtesy, and respect for others and their property.

*Interpersonal communication skills:* verbal or nonverbal abilities that help to share feelings, thoughts and information with another person in a positive manner.

*Interpersonal social skills:* skills that enhance the ability to work and play together such as cooperation, fair play, sportsmanship, respect, loyalty, patience, self-control and tolerance.

*Lead-up games:* activities that utilize basic skills and strategies related to specific games, sports or leisure activities.

*Lifetime physical activities:* includes games, sports, and other leisure pursuits usually performed by a person over the course of a lifetime, including activities like tennis, golf, bowling, backpacking, canoeing and racquetball.

*Listening skills:* are active processes that involve discriminating among sounds; using strategies such as anticipating meanings, ignoring distractions, and visualizing what is heard; evaluating; and responding appropriately. Listening is active, hearing is passive.

*Locomotor:* skills used to move the body from one place to another, including walking, running, skipping, leaping, sliding, galloping, jumping and hopping.

*Manipulative:* skills developed when a person handles some kind of object, including throwing, kicking, batting, catching, redirecting an object in flight (such as a volleyball) or continuous control of an object such as a hoop.

*Mature form:* means that the basic movement can be performed with ease, is smooth, efficient, repetitive and can be performed without thinking out each step of the movement.

*Mediation skills:* combines the use of problem-solving methods and active listening skills to come to a common understanding and resolution of a problem between disputants and includes such skills as defining the conflict, discussing possible solutions, evaluating the solutions, agreeing to a solution and following the agreement.

*Morbidity:* the rate of disease or proportion of diseased people.

*Mortality:* the rate or proportion of death from all causes.

*Motor skills or fundamental motor skills:* basic fundamental movement patterns usually involving the large muscle groups that are necessary to perform a variety of physical activities.

*Movement concepts:* a generalized idea concerning human motion (e.g., the lower the center of gravity, the more stable the object; throwing a ball in front of a moving receiver).

*Movement concepts and principles:* relates to cognitive information concerning the development of physical fitness and motor development and its application in real life such as specificity in training and other principles of conditioning, application of force, center of gravity, and stress management.

*Non-locomotor:* skills that are performed in place without appreciable spatial movement and includes bending and stretching, pushing, pulling, raising and lowering, twisting and turning, and shaking.

*Non-violent strategies:* techniques that are used to avoid or de-escalate a potentially violent situation and include problem-solving, active listening, conflict resolution skills, mediation, sit-downs or humor.

*Overall well-being:* includes the intellectual, social, emotional and physical aspects of health.

*Perceptual motor skills:* movement involving the interrelationships between the perceptual or sensory processes and motor activity, including balance and directionality.

*Personal health:* taking responsibility for one's own health care and health needs.

*Problem-solving processes:* methods used to identify a problem, generate possible solutions, evaluate the benefits and risks, select the solution with the most benefits, implement the solution and evaluate the results using the feedback to possibly modify or change the solution.

*Relationship:* the quality or state of connection.

*Rhythm(s):* involves motion that possesses regularity and a predictable pattern, often involving music such as dance patterns, jumping rope or tinkling.

*Principles of training:* guidelines to follow to derive the maximum benefits from an exercise plan and to prevent injuries which include warming up, cooling down, frequency, duration and intensity, overload and specificity.

*Refusal skills:* skills that are used when a person wants to say NO to an action and/or leave a situation that threatens health, safety, breaks laws, disobeys guidelines set by adults or detracts from character and includes such skills as assertively saying "no," using body language that says "no," suggesting alternative behaviors, walking away and avoiding the situation.

*Scientifically based information:* involves research-based knowledge concerning human activity and performance (e.g., the overload principle in training, the principles of frequency, duration and intensity in aerobic workouts, specificity of training, absorption of force principles).

*Skill-related fitness activities:* includes qualities that enable a person to perform in activities and is synonymous with motor fitness and includes the components of agility, coordination, speed, power, and balance.

*Specialized skills:* skills basic to a movement form (e.g., basketball chest pass, soccer dribble, fielding a softball with a glove).

*Stress management:* the ability to cope with stress as a normal part of life, including the ability to identify situations and conditions that produce stress and adopt healthy coping behaviors.

*Team sports:* includes games, sports and leisure pursuits that require the participation of one or more groups of individuals on teams such as basketball, football and soccer.